Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN SMALL ENTITY	
FOR		1	NUMBER FILED			NUMBER EXTRA			TYPE		OR		
			NOMBELL ISLED		TOMBETTENTIA			RATÉ	FEE	1	RATE	FEE	
BASIC FEE						, , , ,	1			345.00	OR		690.00
TOTAL CLAIMS				minu	us 20=	* -	-		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			4	- 1	us 3 =	* (X39=	39	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL	354	OR	TOTAL			
CLAIMS AS AMENDED - PART II										, , ,	-	OTHER	
	Consult sometimes are there?		umn 1)	6-25 15 E40 A 14 A 24 A 14 A 14 A 14 A 14 A 14 A 14	((Column 2)	(Column 3)	. <u>-</u>	SMALL		OR	SMALL	
AMENDMENT A		REM AF	AIMS AINING TER IDMENT		C107.91	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. /	/	Minus	**	20	=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	* A	WI OF M	Minus	**		=~!		/X39=	39,00	OR	X78=	·
	FIRST PRESE	NIAIIC	IN OF M	ULTIPLE	JEPENI	DENT CLAIM		1	+130=		OR	+260=	
								L	TOTAL	284D	OR	TOTAL	
								-				* D D ! T	
		(Col)	ımn 1\		"	Column 2)	(Column 2)		DDIT. FEE	00 1100]	ADDIT. FEE	
-		CL	ımn 1) AIMS		((Column 2) HIGHEST	(Column 3)		DDIT. FEE	ADDI-]	ADDIT. FEE	ADDI-
ENT B	32-16 33-16	CL REM AF			P		(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		ADDIT. FEE	ADDI- TIONAL FEE
	Total	CL REM AF	AIMS AINING TER	Minus	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT			TIONAL	OR		TIONAL
AMENDMENT B	Independent	CL REM AF AMEN	AIMS AINING TER IDMENT	Minus [*]	P **	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA =		RATE	TIONAL		RATE	TIONAL
		CL REM AF AMEN	AIMS AINING TER IDMENT	Minus [*]	P **	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA =		RATE X\$ 9=	TIONAL	OR OR	RATE X\$18=	TIONAL
	Independent	CL REM AF AMEN	AIMS AINING TER IDMENT	Minus [*]	P **	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA =		RATE X\$ 9= X39= +130= TOTAL	TIONAL	OR OR OR	RATE X\$18= X78= +260= TOTAL	TIONAL
	Independent	CL REM AF AMEN *	AIMS AINING TER IDMENT	Minus [*]	** ** DEPENI	HIGHEST NUMBER REVIOUSLY PAID FOR * DENT CLAIM	PRESENT EXTRA = =	- -	X\$ 9= X39= +130=	TIONAL	OR OR OR	RATE X\$18= X78= +260=	TIONAL
AMENDMENT	Independent	CL REM AF AMEN * * * * * * * * * * * * * * * * * * *	AIMS AINING TER IDMENT ON OF M AIMS	Minus [*]	** ** DEPENI	HIGHEST NUMBER REVIOUSLY PAID FOR * DENT CLAIM Column 2) HIGHEST	PRESENT EXTRA =	- -	RATE X\$ 9= X39= +130= TOTAL	TIONAL FEE	OR OR OR	RATE X\$18= X78= +260= TOTAL	TIONAL FEE
C AMENDMENT	Independent	CL REM AF AMEN * * * * * * * * * * * * * * * * * * *	AIMS AINING TER IDMENT ON OF M	Minus [*]	P *** DEPENI	HIGHEST NUMBER REVIOUSLY PAID FOR * DENT CLAIM	PRESENT EXTRA = =	- -	RATE X\$ 9= X39= +130= TOTAL	TIONAL	OR OR OR	RATE X\$18= X78= +260= TOTAL	TIONAL
C AMENDMENT	Independent	CL REM AF AMEN * * * * * * * * * * * * * * * * * * *	AIMS AINING TER IDMENT ON OF M AIMS AINING TER	Minus [*]	P *** DEPENI	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = = (Column 3)	- -	RATE X\$ 9= X39= +130= TOTAL DDIT. FEE	ADDI- TIONAL	OR OR OR	RATE X\$18= X78= +260= TOTAL ADDIT. FEE	ADDI- TIONAL
C AMENDMENT	Independent FIRST PRESE	CL REM AF AMEN * * * NTATIC CL REM AF AMEN	AIMS AINING TER IDMENT ON OF M AIMS AINING TER	Minus ULTIPLE [*** DEPENI	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = (Column 3) PRESENT EXTRA	- -	X\$ 9= X39= +130= TOTAL DDIT. FEE RATE X\$ 9=	ADDI- TIONAL	OR OR OR	RATE X\$18= X78= +260= TOTAL ADDIT. FEE RATE X\$18=	ADDI- TIONAL
AMENDMENT	Independent FIRST PRESE	CL REM AF AMEN * * * * * * * * * * * * * * * * * *	AIMS AINING TER IDMENT ON OF M AIMS AINING TER IDMENT	Minus ULTIPLE [Minus Minus Minus	P ** ** DEPENI	HIGHEST NUMBER REVIOUSLY PAID FOR * DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA = (Column 3) PRESENT EXTRA = = =	- -	RATE X\$ 9= X39= +130= TOTAL DDIT. FEE	ADDI- TIONAL	OR OR OR	RATE X\$18= X78= +260= TOTAL ADDIT. FEE	ADDI- TIONAL
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AMENDMENT C AMENDMENT	Independent FIRST PRESE Total Independent	CL REM AF AMEN * * * NTATIC CL REM AF AMEN * * * * * * * * * * * * * * * * * *	AIMS AINING TER IDMENT ON OF M ON OF M ON OF M ON OF M ON OF M	Minus ULTIPLE I Minus Minus ULTIPLE I the entry in a aid For" IN	P ** ** DEPENI (() P ** ** DEPENI Column 2 THIS SP	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM 2, write "0" in co	PRESENT EXTRA = = (Column 3) PRESENT EXTRA = = =		X\$ 9= X39= +130= TOTAL DDIT. FEE RATE X\$ 9= X39=	ADDI- TIONAL	OR OR OR OR	RATE X\$18= X78= +260= TOTAL ADDIT. FEE RATE X\$18= X78=	ADDI- TIONAL